

Application Number _____
Date Received: _____
Fees Received: _____

Montana Pollutant Discharge Elimination System Application
General Permit for Storm Water Discharges Associated with Mining
and with Oil and Gas Activities
General Information, Part I

Please return to: Department of Environmental Quality
Water Protection Bureau
Storm Water Program
PO Box 200901
Helena MT 59620-0901

Please Print or Type

1. Name and Address of Operator (Permit Applicant):

Operator Contact Person: _____

Telephone Number: _____

Is the name listed in #1 also the owner? Yes: _____ No: _____

2. Facility Mailing Address:

3. Facility Physical Location:

County: _____ Lat: _____, _____, _____ Long: _____, _____, _____

4. Standard Industrial Classification Code or Nature of business (In Order of Priority):

First SIC: _____ Second SIC: _____
Third SIC: _____ Fourth SIC: _____

5. Existing Environmental Permits (By Number):

MPDES: _____ RCRA: _____
PSD (Air Emissions): _____ Other: _____

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6. Status of Operator:

Federal State Private Public Other

7. Is facility located on Indian lands: Yes: _____ No: _____

8. Please attach a USGS topographic map (or other map if a topographical map is unavailable) extending 1 mile beyond property boundaries of the source, depicting the facility and each of its intake and discharge structures; each of its hazardous waste treatment, storage, or disposal facilities; each underground injection well; and springs or other surface water bodies.

9. Nature of Business (Please provide a brief narrative of activities):

10. Certification:

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine or imprisonment for knowing violations."

Print Name of Operator or Authorized Representative

Title

Signature

Date